

NOD HAZ DETAILS



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No. <i>NH 003</i>		2. Page 1 of <i>1</i>			
3. Generator's Mailing Address: USEPA/SUPERIOR CLEANING SOLUTIONS 1224 N KEOWEE ST. DAYTON, OH 45404		4. Generator's Phone 513-260-7849		Generator's Site Address (if different than mailing): USEPA/SUPERIOR CLEANING SOLUTIONS 1224 N KEOWEE ST. DAYTON, OH 45404 MONTGOMERY COUNTY		A. Manifest Number WMNA			
5. Transporter 1 Company Name WM		6. US EPA ID Number		C. State Transporter's ID		B. State Generator's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		E. State Transporter's ID			
9. Designated Facility Name and Site Address Stony Hollow Landfill 2460 S Gettysburg Ave. Dayton, OH 45417		10. US EPA ID Number		F. Transporter's Phone		G. State Facility ID			
				H. State Facility Phone 937-268-1133					
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. RCRA Empty Drums & trash		No.	Type					
	WM Profile # 4861740H Exp Date: 01/11/2013		001	CM	10	Ton			
	b.								
	WM Profile #								
c.									
WM Profile #									
d.									
WM Profile #									
J. Additional Descriptions for Materials Listed Above Color: varies Odor: no Phys State: solid		K. Disposal Location							
		Cell		Level					
		Grid							
15. Special Handling Instructions and Additional Information									
Purchase Order # EMERGENCY CONTACT / PHONE NO.: Steve Letany/513-543-3909									
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name STEVE RENNINGER		Signature "On behalf of"				Month <i>02</i>	Day <i>03</i>	Year <i>12</i>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature				Month <i>2</i>	Day <i>3</i>	Year <i>12</i>
	Printed Name <i>Paul Bell</i>		Signature <i>Paul Bell</i>						
	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature						
Printed Name		Signature				Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
	Printed Name		Signature				Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No. NH002		2. Page 1 of 1	
3. Generator's Mailing Address: USEPA/SUPERIOR CLEANING SOLUTIONS 1224 N KEOWEE ST. DAYTON, OH 45404		4. Generator's Phone 513-260-7849		Generator's Site Address (if different than mailing): USEPA/SUPERIOR CLEANING SOLUTIONS 1224 N KEOWEE ST. DAYTON, OH 45404 MONTGOMERY COUNTY		A. Manifest Number WMNA	
5. Transporter 1 Company Name WM		6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address Stony Hollow Landfill 2460 S Gettysburg Ave. Dayton, OH 45417		10. US EPA ID Number		G. State Facility ID		H. State Facility Phone 937-268-1133	
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
		No.	Type				
		a. RCRA Empty Drums & trash					
		WM Profile # 486174OH Exp Date: 01/11/2013					
		b.					
c.		WM Profile #					
d.		WM Profile #					
J. Additional Descriptions for Materials Listed Above Color: varies Odor: no Phys State: solid		K. Disposal Location		Cell		Level	
15. Special Handling Instructions and Additional Information		Grid					
Purchase Order #		EMERGENCY CONTACT / PHONE NO.:		Steve Letany/513-543-3909			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.		Printed Name STEVE RENNINGER		Signature "On behalf of"		Month 01	Day 30
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name Robert Mullins		Signature		Month 1	Day 30
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	Day
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.		20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Printed Name		Month	Day
				Signature		Year	

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NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No. NH01		2. Page 1 of 1					
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4. Generator's Phone 513-260-7849								B. State Generator's ID			
5. Transporter 1 Company Name WM				6. US EPA ID Number				C. State Transporter's ID			
7. Transporter 2 Company Name				8. US EPA ID Number				D. Transporter's Phone			
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	b.										
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Purchase Order # EMERGENCY CONTACT / PHONE NO.: Steve Letany/513-543-3909											
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Printed Name STEVE RENNINGER				Signature "On behalf of" 				Month 01	Day 19	Year 12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials										
	Printed Name JAGS				Signature 				Month 1	Day 19	Year 12
	18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed Name				Signature				Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
	Printed Name				Signature				Month	Day	Year

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